



Health History Form

FORM CODE: HHX
VERSION A 08/16/2005

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

A. PERSONAL HEALTH HISTORY

"I would like to ask you a few questions about your health."

1. Compared to other people your age, would you say that your health is excellent, good, fair, or poor?Excellent 1
- Good 2
- Fair 3
- Poor 4
- Don't Know 7
- Refused 8
- Missing 9

2. Since this time last year, would you say your health is Better 1
- Worse 2
- About the same 3
- Don't know 7
- Refused 8
- Missing 9

3. What was your weight at birth? 3a pounds 3b ounces
- Don't know 77
- Refused 88
- Missing 99

| | | | |
|--------------------------------|------------|---|--------------------------|
| 4a. Were you breast fed? | Yes | 1 | |
| | No | 2 | <div>Go to Item 5a</div> |
| | Don't Know | 7 | |
| | Refused | 8 | |
| | Missing | 9 | |

IF YES:

| | | |
|-------------------------|-------------|---|
| 4b. For how long? | < 6 weeks | 1 |
| | 6 -11 weeks | 2 |
| | 3- 6 months | 3 |
| | > 6 months | 4 |
| | Don't know | 7 |
| | Refused | 8 |
| | Missing | 9 |

ASK WOMEN IF ONLY

| | | | |
|---|------------|---|-------------------------|
| 5a. Have you ever had a tubal-ligation (had one or more of your tubes tied)?..... | Yes | 1 | |
| | No | 2 | <div>Go to Item 6</div> |
| | Don't Know | 7 | |
| | Refused | 8 | |
| | Missing | 9 | |

IF YES:

| | | |
|--|---|-----|
| 5b. How old were you when you had a tubal-ligation?..... | <div> <div></div> <div></div> <div></div> </div> <div>age</div> | |
| | Don't know | 777 |
| | Refused | 888 |
| | Missing | 999 |

ASK WOMEN ONLY IF < 55 YEARS OLD AND "NO" TO ITEM 4a

| | | |
|--------------------------------------|------------|---|
| 6. Are you currently pregnant? | Yes | 1 |
| | No | 2 |
| | Don't Know | 7 |
| | Refused | 8 |
| | Missing | 9 |

ASK MEN ONLY:

| | | |
|--|------------|---|
| 7. Have you ever had a vasectomy?..... | Yes | 1 |
| | No | 2 |
| | Don't Know | 7 |
| | Refused | 8 |
| | Missing | 9 |

B. PERSONAL HEALTH PROBLEMS

"Now I am going to read a list of some health problems. I am interested in any new health problems you may have learned about since your last Jackson Heart Study exam, that is in (mm/dd/yyyy). For each one, please tell me if your health care provider has told you for the first time since [date of JHS exam] that you have this problem."

Since your last Jackson Heart Study exam has your doctor or health professional ever said you have:

| | | | |
|--|------------|---|--------------------------|
| 8a. High blood pressure or hypertension? : | Yes | 1 | |
| | No | 2 | <div>Go to Item 9a</div> |
| | Don't know | 7 | |
| | Refused | 8 | |
| | Missing | 9 | |

8b. How old were you when you were told that you had high blood pressure or hypertension?
age

| | |
|------------|-----|
| Don't know | 777 |
| Refused | 888 |
| Missing | 999 |

9a. High blood cholesterol?

Yes

1

No

2

Don't know

7

Refused

8

Missing

9

Go to Item 10a

9b. How old were you when you were told that you had high blood cholesterol?

age

Don't know

777

Refused

888

Missing

999

10a. Heart attack?

Yes

1

No

2

Don't know

3

Refused

8

Missing

9

Go to Item 11a

10b. How old were you when you were told that you had a heart attack?

age

Don't know

777

Refused

888

Missing

999

11a. Stroke?

Yes

1

No

2

Don't know

7

Refused

8

Missing

9

Go to Item 12a

11b. How old were you when you were told that you
had a stroke?

| | | |
|--|--|--|
| | | |
|--|--|--|

age

Don't know 777

Refused 888

Missing 999

Since your last Jackson Heart Study exam [date], has your doctor or health professional ever said you have:

12a. Sugar in the blood or diabetes?Yes

1

No

2

Don't know

7

Refused

8

Missing

9

Go to Item 13a

12b. How old were you when you were told that you
had sugar in the blood or diabetes?

| | | |
|--|--|--|
| | | |
|--|--|--|

age

Don't know 777

Refused 888

Missing 999

13a. Kidney problem?Yes

1

No

2

Don't know

7

Refused

8

Missing

9

Go to Item 14a

13b. How old were you when you were told that you
had a kidney problem?

| | | |
|--|--|--|
| | | |
|--|--|--|

age

Don't know 777

Refused 888

Missing 999

| | | | |
|--------------------|------------|---|----------------|
| 14a. Cancer? | Yes | 1 | |
| | No | 2 | Go to Item 15a |
| | Don't know | 7 | |
| | Refused | 8 | |
| | Missing | 9 | |

| | | |
|---|--|-----|
| 14b. How old were you when you were told that you had cancer? | <input type="text"/> <input type="text"/> <input type="text"/> | |
| | age | |
| | Don't know | 777 |
| | Refused | 888 |
| | Missing | 999 |

| | | | |
|---|------------|---|----------------|
| 15a. Chronic lung disease (other than asthma), such as COPD, bronchitis or emphysema? | Yes | 1 | |
| | No | 2 | Go to Item 16a |
| | Don't know | 7 | |
| | Refused | 8 | |
| | Missing | 9 | |

| | | |
|---|--|-----|
| 15b. How old were you when you were told that you had chronic lung disease? | <input type="text"/> <input type="text"/> <input type="text"/> | |
| | age | |
| | Don't know | 777 |
| | Refused | 888 |
| | Missing | 999 |

| | | | |
|--------------------|------------|---|----------------|
| 16a. Asthma? | Yes | 1 | |
| | No | 2 | Go to Item 17a |
| | Don't know | 3 | |
| | Refused | 8 | |
| | Missing | 9 | |

16b. How old were you when you were told that you had asthma?

| | | |
|--|--|--|
| | | |
|--|--|--|

age

- | | |
|------------|-----|
| Don't know | 777 |
| Refused | 888 |
| Missing | 999 |

17a. A blood circulation problem?

- | | |
|------------|---|
| Yes | 1 |
| No | 2 |
| Don't know | 7 |
| Refused | 8 |
| Missing | 9 |

Go to Item 18a

17b. How old were you when you were told that you had a blood circulation problem?

| | | |
|--|--|--|
| | | |
|--|--|--|

age

- | | |
|------------|-----|
| Don't know | 777 |
| Refused | 888 |
| Missing | 999 |

18a. Have you stayed overnight as a patient in a hospital during the past year?

- | | |
|------------|---|
| Yes | 1 |
| No | 2 |
| Don't know | 7 |
| Refused | 8 |
| Missing | 9 |

Go to Item 19

18b. Reason:

| | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

C. HEALTH BEHAVIORS

19. What is the most that you have ever weighed
(WOMEN: except when you were pregnant)?

| | | |
|--|--|--|
| | | |
|--|--|--|

Pounds

Don't know 777

Refused 888

Missing 999

19a. How old were you when you weighed this much?

| | | |
|--|--|--|
| | | |
|--|--|--|

Age

Don't know 777

Refused 888

Missing 999

20. What did you weigh when you were age 18?

| | | |
|--|--|--|
| | | |
|--|--|--|

Pounds

Don't know 777

Refused 888

Missing 999

21. Do you consider yourself now to be **overweight, underweight, or about the right weight?**

Overweight 1

Underweight 2

About right weight 3

Don't know 7

Refused 8

Missing 9

22. Have you ever been on a diet to lose weight? Yes 1

No 2

Don't know 7

Refused 8

Missing 9

Go to Item 23

| | | |
|--|------------|---|
| 22a. Are you on such a diet now? | Yes | 1 |
| | No | 2 |
| | Don't Know | 7 |
| | Refused | 8 |
| | Missing | 9 |

23. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

..... Yes 1

No 2

Don't know 7

Refused 8

Missing 9

Go to Item 24

23a. When you are exercising in your usual fashion, how would you rate your level of exertion (degree of effort)? Using this card, give me a number from 0 to 10 that represent how much exertion or effort you use. **[GIVE RESPONDENT CARD]**.

| | |
|--|--|
| | |
|--|--|

24. During the past year, how often did you watch television **[GIVE RESPONDENT CARD]**

Less than 1 hour per week 1

At least 1 hour a week but
Less than 7 hours a week 2

At least 1 hour a day but
Less than 2 hours a day 3

At least 2 hours a day but
Less than 4 hours a day 4

4 hours or more a day 5

Don't know 7

Refused 8

Missing 9

D. HEALTH CARE ACCESS

25. When was the last time you saw a health care provider for treatment of a medical problem?
[HAND RESPONSE CARD]

| | |
|---|---|
| Within the past year | 1 |
| At least 1 year, but less than 2 years ago | 2 |
| At least 2 years, but less than 4 years ago | 3 |
| 5 or more years ago | 4 |
| Never | 5 |
| Don't know | 7 |
| Refused | 8 |
| Missing | 9 |

26. When was the last time you saw a health care provider for a routine physical exam or general checkup, that is when you were not sick or pregnant? [HAND RESPONSE CARD]

| | |
|---|---|
| Within the past year | 1 |
| At least 1 year but, less than 2 year ago | 2 |
| At least 2 years, but less than 4 years ago | 3 |
| 5 or more years ago | 4 |
| Never | 5 |
| Don't know | 7 |
| Refused | 8 |
| Missing | 9 |

27. Overall how hard has it been for you to get the health services you have needed? Would you say it has been very hard, fairly hard, not too hard, or not hard at all?

| | |
|-----------------|---|
| Very hard | 1 |
| Fairly hard | 2 |
| Not too hard | 3 |
| Not hard at all | 4 |
| Don't know | 7 |
| Refused | 8 |
| Missing | 9 |

ADMINISTRATIVE INFORMATION

28. Date of data collection:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | / | | | / | | | | |
| m | m | | d | d | | y | y | y | y |

29. Method of data collection: Computer 1

Paper 2

30. Data Collected In-Clinic 1

Off - Site 2

31. Code number of person completing this form:

| | | |
|--|--|--|
| | | |
|--|--|--|